

cases, however, the effect of local bleeding is proved so repeatedly in our daily experience, that the inability of satisfactorily explaining the way in which the effect is produced must not be allowed for one moment to press against the evidence of facts.

In inflammation of the mucous membranes of the bowels, especially of the rectum, the French practitioners apply leeches to the margin of the anus. If the leeches take externally, no benefit is derived, and to apply them internally is often difficult, on account of the violent contractions of the sphincter. Those contractions also prevent any considerable quantity of blood being obtained from the bites. I have employed a method of taking blood from the rectum, which obviates these inconveniences.—*Dub. Journ. of Med. and Chem. Science.*

10. *Croton Oil as a Counter-irritant.*—The croton oil has been lauded as a counter-irritant, by several writers in the late London Journals. It is repeatedly rubbed on the part where it is wished to excite irritation, so as to keep a fresh crop of vesicles constantly rising. Two or three drops night and morning will usually be sufficient. The following is Dr. HUTCHINSON'S account of the effects of this remedy, as given in the *London Lancet*, for the 18th of May last. "Six drops of croton oil, when applied to a sound skin, and rubbed in for a period of from eight to twelve minutes, speedily produce a rubescence, to a greater or less extent, depending upon the individual's susceptibility; this gradually increases, until a general, though moderate tumefaction occurs, apparently affecting parts deeper seated than I have seen occur from the use of any other external irritant. This is succeeded, in a period varying from six to twelve hours, by numerous vesicles, some distinct, others confluent, differing in size and shape; at first containing a merely limpid serum, afterwards a distinct and consistent pus, and terminating in slight scabs. The redness produced is not of a vivid, but of a dull brick-dust hue. These circumstances, though regular in their course, vary much in intensity, according to the parts upon which the oil is applied."

We have ourselves employed this application in four or five cases of laryngitis, and with the most marked advantage.

PRACTICE OF MEDICINE.

11. *Cases of Empyema.*—In looking over a late No. of the *Gazette Médicale*, (June 8th,) we met with the four following cases of empyema; and from their interesting character deem them worthy a translation into our own language. This affection was well understood by Hippocrates, Celsus, and many other ancient authorities; and cases in which a cure resulted from the performance of an operation, may be met with in their different works. Numerous cases have also been reported in the different journals of Europe, as well as of this country, where the same happy result has attended the timely performance of the operation. It is not, then, for the purpose of substantiating the fact, that the operation has frequently proved successful, that we publish the following cases; but rather to furnish additional interesting facts to the number already collected by different observers, in order that at some future period, we may be enabled by taking a comparative view of the whole, to arrive at some definite conclusions with respect to the best manner of performing the operation, as well as to the characteristics of those cases in which it promises to prove most successful. It is in this way alone that reports of cases of any disease whatsoever prove useful.

Observation I.—*Empyema produced by the repercussion of a variolous eruption, in which a cure was effected by the performance of an operation.* Pasquet Benjamin, a joiner by trade, æt. 25 years, of a delicate constitution, and lymphatic temperament, entered the general hospital of Tours, the 1st of Jan.

1832, labouring at the time under intense fever, and a commencing variolous eruption. Such was the degree of his excitement, that it was found impossible to retain him in bed; the eruptive process was likewise but very imperfectly carried on, and in spite of all the revulsive measures employed to hasten its completion, a repercussion of the disease upon the chest took place. Towards the close of the month of January, he presented the following symptoms: respiration difficult, short and frequent; a sense of oppression and weight upon the diaphragm; a feeling of suffocation on the slightest movement; an almost continual cough, and the recumbent position upon the right side impossible. The left side of the thorax was sensibly distended, the intercostal spaces much wider than in a normal condition, and particularly distended at the inferior and posterior part of the thorax; the heart was forced to the right, and its pulsations were readily distinguished at the inferior portions of the thorax of this side; finally, when the patient moved, a sense of fluctuation or undulation was evident both to the touch and ear, without even having recourse to the ordinary forms of auscultation. Upon the 1st of February the patient was moved into the surgical ward, where the operation for empyema was performed by M. Herpin. The pus from its great quantity had depressed the diaphragm to such an extent, that the incision was made between the tenth and eleventh ribs, about an inch from the costal angle, the spot at which fluctuation was most sensible. An incision two inches in length and parallel to the direction of the intercostal space, was made through the integuments, and the pleura being exposed, an opening about two or three lines in length was made into it with a bistoury. A liquid, inodorous pus, filled with serous flocculi, escaped from the thorax, at first with some force, and in jets. When about a pound had been evacuated, the wound was dressed with a pierced compress, (compresse fenêtrée,) lint and a roller. He was ordered jelly broth for diet; and for ordinary drinks rice water containing gum arabic in solution, and anedulcorated infusion of tilleul flowers. For several days afterwards the bed-clothes as well as the bed of the patient, were completely saturated with pus. The suppuration became more and more fetid, so fetid was it indeed, that a silver probe used in dressing the wound, became blackened. The lips of the wound also became swollen and inflamed, the patient restless, complaining, and completely disheartened; his face pale, wan and haggard, his eyes sunken in their orbits, and his skin of an earthy feel. This state of things continued until about the 1st of March. He was now ordered a potion, composed of yellow bark, and sulph. sodæ, \mathfrak{ss} . \mathfrak{ss} ij. infused in \mathfrak{ss} iv. of water, to be taken twice a day; and to have injected into the thoracic cavity a decoction of bark, to which a few drops of a solution of chloride of lime were added. From this period a sensible amelioration in all his symptoms took place; the pus became white, thick, and of good quality; and after the lapse of a few days, the suppuration having almost entirely ceased, the injections were discontinued upon the 2d of May. Three days afterwards, the patient having eaten a little more than he was accustomed to, was attacked with a chill followed by fever; with cramps in the abdominal members, particularly those of the left side; edema of the face and feet; whilst the pain and oppression in the side returned with all its former intensity. The day after the occurrence of this attack, (6th of May,) a large quantity of reddish, sanguinolent pus was evacuated, with the assistance of a silver canula, which was blackened as in the former case. The injections of bark and chloride of lime were again prescribed, and the wound dressed twice a day. (Diet jelly broth, with an infusion of tilleul flowers, and anedulcorated pectoral tisane for drink.) An evident improvement in his condition again took place; the suppurative action seemed to concentrate itself upon the inferior portion of the pleural cavity, and the introduction of the sound, gave exit to blackish clots of a somewhat fibrous texture. Towards the end of May, the discharge from the wound had nearly ceased, notwithstanding that the sound still penetrated to the bottom of the abscess, (four or five inches from the external opening,) it was necessary to overcome a resistance which seemed due

to adhesions that had formed between the costal and diaphragmatic pleura. The lungs became more and more painful. On the 30th of May the injections were again discontinued, and a purgative infusion of bark given daily for two days; a blister was also applied to the nuchæ, and kept open for several days. From this period there was no more fever, no more oppression; the patient gradually regained his embonpoint, and a healthy clear complexion. The 2d of July following, he was exhibited to the academy of Tours. The right side of the thorax was perfectly resonant, the left likewise gave a clear sound towards its superior part, but inferiorly, and in the neighbourhood of the spot where the operation had been performed, it yielded a dull sound. It is remarkable that this patient never expectorated any puriform matter, although he laboured, and still labours occasionally under a cough, accompanied with impeded respiration.

Observation II.—Empyema consequent to the repercussion of a rubeculous eruption cured by an operation. The patient in this case was an infant, æt. 7 years, who had suffered from an attack of the measles, which had been neglected for some days after its appearance, it then had laboured under a catarrhal affection of some intensity; finally, an empyema showed itself, which pointed near the inferior angle of the left scapulæ. M. Herpin opened the tumour with the caustic potash, and afterwards treated the abscess with injections of barley water, containing a small quantity of honey. The suppurative process continued a month and a half when the orifice of the abscess closed. In a short time, however, a feeling of uneasiness, oppression, and suffocation came on, and it was found necessary to reopen the wound, which continued to suppurate for several weeks longer. The parents anxious for the safety of their child, confessed to the surgeon, that they had suffered several years back from syphilis. M. Herpin now prescribed the following preparation, viz. sirop of sarsaparilla and distilled water, aa. ʒvj. to which eight grains of the deuto-chloride of mercury, dissolved in a sufficient quantity of alcohol was added. Dose, a spoonful night and morning in a tumbler of milk. After some time the suppuration decreased, the wound cicatrized, and the child was cured. Nevertheless, the diseased side of the thorax has never acquired a size equal to the other, and this young person at present, aged twenty-three years, (1832,) labours under a slight deformity of stature, though enjoying excellent health.

We have here detailed two cases of empyema dependent upon an analogous cause, (the repercussion of an exanthematous eruption,) both of which were treated by making an opening into the thorax, through which the atmospheric air had free access to this cavity, and both of which were cured. The analogy between them, however, here ceases. The attack does not appear to have been of so violent a character in the case of the child, as in that of the young man, yet the former suffered from a relapse, and was cured only by being subjected to a special treatment. We regret to find in this observation less of detail than could be devised, and we regret also, that M. Herpin has favoured us with no commentaries upon it. He contents himself with simply remarking, that he the more willingly entered upon the mercurial plan of treatment, as he has always found this class of remedies exceedingly efficacious in eradicating the deleterious effects of the syphilitic virus. He gives us a third observation still shorter than the preceding, in which the disease was brought about by a cause altogether local.

Observation III.—Empyema succeeded to repeated attacks of inflammation of the lungs, cured by an operation. A soldier, æt. 26 years, who had suffered from repeated attacks of inflammation of the lungs, was attacked with empyema, which pointed below the inferior angle of the right scapula; entered the hospital of Tours the 27th of March, 1827. Upon the 23d of April the tumour was opened, and an ichorous pus evacuated; in a short time the discharges became so fetid, that the other patients in the same ward were obliged to leave it, whenever it was dressed. Hectic fever came on, and the patient was on the verge of the grave for several days. A decoction of bark was prescribed to be

taken as in the other cases, and the abscess washed out with a similar decoction made more stimulating by the addition of several spoonfuls of a solution of the chloride of soda. He was now attacked with a miliary eruption; at the same time the suppuration diminished in quantity, and lost its fetidity. The eruption gradually disappeared, the fever was arrested, convalescence established, and the patient left the house the 22d of May following perfectly cured.

To these three interesting cases of M. Herpin, we will add a fourth, taken from *La Gazette Scientifique, &c. de Seine et Oise*, No. 2, April, 1833, which is still more remarkable on account of its complicated character, and the duration of the discharge.

Observation IV.—Secondary syphilitic symptoms; caries of the ribs; acute pleuro-pneumonia; empyema; operation; discharge kept up for nearly two years; cured. M. R. a lieutenant of cavalry, æt. 28 years, of a lymphatic temperament, and who had suffered from repeated attacks of the venereal disease, entered the hospital of Versailles the 19th of August, 1829. He was there successively treated for an engorgement of the neck, which terminated in suppuration, an abscess near the sterno-clavicular articulation, an indolent tumour about the cartilage of the third rib, which yielded to the application of the plaster of vigne with mercury, and for an intermittent sub-orbital-temporal neuralgia. He left the hospital the 6th of November convalescent. The 22d of the same month he reëntered, on account of the appearance of a tumour near the cartilage of the sixth rib, which had come on without any manifest cause, and was red, distended, and painful. Forty leeches were applied within the space of two days, without producing the slightest alleviation in the symptoms. On the 3d day it was deemed necessary to make an opening into the tumour, and a sound being introduced it was discovered that there was caries of the rib. The patient experienced some relief from pain for a short time, but it reappeared the following morning, and was accompanied with dyspnoea, dry and frequent cough, pleuritic stitches in several different spots, streaked sputa, in short all the phenomena of an intense pleuro-pneumonia manifested themselves. He was ordered to be bled the same day. The next morning he was found "in extremis," and insensible. Revulsive medication was now resorted to. He was next attacked with an erysipelatous affection of the left side of the thorax, extending as high up as the neck, delirium, and increased difficulty of breathing. Notwithstanding this complication of most dangerous symptoms, he in a short time was relieved of the pulmonary inflammation; respiration became more easy, and the respiratory murmur returned in the right lung; the state of the left lung, however, gave rise to a suspicion of the existence, either of an engorgement of its substance, or a pleuritic effusion. A dilatation of the side of the thorax, which took place shortly after, left no doubt but that the latter affection was present. After waiting until the violence of the inflammatory symptoms had abated, the caustic potash was applied, for the purpose of making an opening into the thorax. The eschar, however, still continuing adherent after the lapse of twenty hours, an opening was made with the bistoury, and about two pounds of a yellowish serum, containing flocculi of concrete albumen evacuated. The wound was dressed with the pierced compress, lint and roller. By night nine or ten ounces of matter had drained off. Although the operation which was borne with great courage by the patient, produced an evident amelioration in his condition; yet the suppurative process was not arrested, it still continued fetid and abundant, and the sputa itself became puriform in its character. Injections of the chloride solution were thrown into the cavity of the thorax, and immediately afterwards the patient complained of the taste of the chloride both in the throat and mouth. Already reduced to a state of extreme emaciation, the patient had the misfortune to be seized with an attack of acute articular rheumatism which required repeated blood-letting for its relief. The pain by this treatment was entirely dissipated, yet there remained an inflammation of the periosteum in two points, one which was seated upon the fibula, and terminated in resolution. Another upon the tibia which suppurated, and exposed

the surface of the bone for four or five inches; this however progressed favourably, and in six weeks was completely cicatrized. The two abscesses of the thorax, the one occasioned by the caries of the rib, the other resulting from the empyema, remained open a long time. In 1830 the suppuration was still going on, and had continued uninterruptedly from the period of the attack. During the summer of 1831, however, the patient picked up a little, and the discharge became less frequent, and consisted of a grayish serum. By the fourth of July 1831, the cough had entirely ceased; injections no longer passed into the cavity of the thorax; the left side of the thorax had contracted in a sensible degree; the respiration was perfect in the right lung, which now supplied the place of the left; and occasionally a few drops of pus would escape from the wound. A cicatrization of the wound was not long in taking place, and in the month of October following, M. R. left the hospital completely cured.

It does not appear that in this case the venereal constitution, which was much more strongly marked than in the infant, (the history of whose case forms the matter of the second observation,) required the exhibition of mercurials to effect its cure. M. R. was cured, moreover, notwithstanding that every symptom was unfavourable—temperament, former attacks of disease, complications, were all unfavourable to a cure; even the aspect of the fluid discharged was bad, for it has been remarked that collections of serous fluids are more difficult of permanent removal than the purulent empyema. What power then did he possess, that enabled him to resist so successfully this generally mortal affection? We see nothing at present but his youth; but how many individuals much younger than he have succumbed to the operation! There exists then a leading condition of the system in this disease which up to the present day has escaped the notice of our observers, and which demands their most serious attention.

“Both of the able surgeons who have published these observations,” remarks the editor of the *Gaz. Méd.*, “employed the caustic potash for opening the abscess. The period has not long passed when a pleural abscess was considered as altogether distinct from one occurring in other organs, and the surgeon considered it of the first importance to prevent the entrance of the atmospheric air into its cavity. Although these ancient opinions have undergone very great modifications, the employment of the caustic potash, in this or similar cases, has never been heretofore recommended. We see, however, that there exists no more danger in its application than in the employment of the bistoury. In all of these cases the matter discharged became in time very fetid, and it was necessary to counteract this tendency by injections. Might we not prevent the occurrence of this disagreeable circumstance, and perhaps diminish the quantity of the discharge, by replacing for the first few days, by small injections, a part of the fluid evacuated. M. Recamier has found this plan of treatment prove exceedingly beneficial in cases of abdominal abscess, and others. It is usually stated by writers upon this subject that a necessity for having recourse to such an operation does not often present itself. This assertion is in part probably correct, when we take into consideration the immense number of inflammatory affections of the thoracic viscera which terminate by resolution; yet I believe that did we more constantly bear in mind the importance of the operation, and be more constantly on the watch for cures seeming to indicate its necessity, that it would be much more frequently performed; and many who now fall victims to doubt and indecision, be restored to health and usefulness; at all events, they would experience an amelioration of their symptoms, and a temporary relief from their sufferings.”

12. *Pathology and Treatment of Gastritis.* Extracts from a clinical lecture by Dr. WILLIAM STOKES.—Numerous and important advances have been made in modern times, in the knowledge and treatment of gastric affections, and an enormous mass of facts have been accumulated of the deepest interest to practical medicos. It is, however, an unfortunate circumstance, and calculated to

excite much surprise, that a knowledge of the various forms of this inflammation is not sufficiently spread among British practitioners. There is still a great deal of ignorance and misconception on this subject; many persons are still accustomed to take a limited and superficial view of it, and a thorough acquaintance with the various modifications of gastric disease is at the present day any thing but general. At one time we hear it called disease of the liver, at another time dyspepsia, sometimes it is termed constipation, and sometimes derangement of the digestive organs. It is true, that in such cases we find constipation, dyspepsia, and derangement of the digestive organs, yet these terms, as they are commonly employed to designate the disease, are at once both useless and improper, because they convey no correct or pathological idea. We owe, I think, to Broussais a great deal of our knowledge of gastric and enteric inflammation; it was his researches that gave the first clear and luminous view of a class of diseases previously obscure and little understood. He failed, however, in procuring the general assent of the profession to the propositions he advanced, and one of the principal reasons of this failure, and of the partial diffusion of the knowledge of gastritis in this country is, that although he brought forward a great number of valuable facts, he also promulgated a theory which has not been clearly or successfully proved. This theory has been rejected, and with the theory British practitioners rejected his facts. . . .

Gentlemen, we have had no acute cases of gastric inflammation of late in our hospital wards, but there are two cases of chronic affection of the stomach, on which I purpose to offer a few remarks. The first is the case of a man in the chronic medical ward. This man is from the country, and is at present labouring under an affection of the stomach, exceedingly common among the Irish peasantry. I have seen a great deal of it in the course of my own practice, and any person residing in the country, if he happens to be a medical practitioner, must have been repeatedly called on to treat this form of disease. At least persons, who labour under it, are chiefly of that class who live a good deal on potatoes, and I am inclined to think this exclusive diet must have some share in its production. Most of those, who come into hospital with this complaint, are from the country, particularly persons whose circumstances have been impoverished, and who consequently have been compelled to change their former nutritious and better food for a potato diet. In such cases, we generally find those persons able to date the commencement of their illness from a period (immediately) subsequent to this change, and it is therefore not improbable that the change of diet has some influence in the production of this peculiar gastric affection.

The patient, who is the subject of the case before us, is somewhat reduced in flesh and of a sallow complexion. He has complained of pain in the region of the stomach, extending to the back, right hypochondrium, and shoulder. He has had tenderness over the epigastrium, loss of appetite, pain and sense of distention, increased after eating; vomiting of yellow matter occurs two or three hours after taking food, succeeded by thirst. His pulse is soft and slow; tongue clear; bowels open. His illness, (and this, I think, is a point worthy of remark,) commenced four years ago with pain in the stomach, increased by eating and relieved by vomiting; and some time after this the vomiting began to be succeeded by thirst. The vomiting generally came on in an hour or two after taking his meals, and he threw up a quantity of yellow slime. Another important point is connected with the treatment he has undergone for this disease. He has been relieved by antiphlogistic treatment, locally employed; we treated him since his admission by leeching, blisters, and cupping over the stomach, and latterly he has been using narcotics. Ninety-nine persons in a hundred would be inclined to call this a case of dyspepsia, and so it is so far as loss of appetite and derangement of the stomach are concerned, but the worst of the thing is that they would look at it only in a single point of view, and treat it as mere nervous disease of the stomach. Well, with respect to this man's case, it is either a chronic gastritis, or it is a nervous affection, and mere dyspepsia.

Before we proceed further, let us see what is the precise meaning of these terms. Dyspepsia is a name given to that condition of the stomach, in which, without any sensible alteration of structure or circulation, the stomach does not perform its functions in a regular and proper manner, but there is no organic lesion; and if a man, labouring under simple dyspepsia, were to die, we could not detect any change in his stomach, so far as circulation and structure are concerned. Chronic gastritis is a lesion of the stomach, with a change of its circulation and a thickening of its lining membrane, or, in other words, with signs of actual disease in the stomach. Now, in my opinion, there is a great probability that this affection, which is so frequently observed among the peasantry of this country, is a chronic gastritis. It may, I grant, commence by dyspepsia, but, in its advanced stage, and it is only in this stage that such cases come under the care of medical men, it is most commonly a chronic gastritis. We have heard, it is true, no post mortem examinations of this disease, and can, therefore, only reason on probabilities, but if we look to that form of treatment which has been found most successful in affording relief, we find it to be that which is calculated to remove irritation and vascular excitement. Besides, the antidyseptic treatment has failed, after extensive and repeated trials. In fever this gastritis is of very common occurrence; and here also it is most advantageously met by local antiphlogistic means. But there is another circumstance which you should always keep in mind: by the time you get persons labouring under this gastric affection to come and place themselves under your care, they have been ill for months, and perhaps years. The disease is certainly at this time very chronic; and you are aware that it is a general pathological law, of the truth of which we have the most ample proof, that where an organ has been long subject to functional derangement, there is a strong probability that more or less of organic change has also taken place. We seldom see the brain, or the lungs, or the kidneys deranged in function for many years without more or less of structural alteration; and we may conclude that any viscus, in which functional disorder has existed for a considerable period, will ultimately experience organic change. If, then, we connect with these facts the failure of the antidyseptic plan and other circumstances, we are led to infer that these and similar affections are cases of chronic gastritis. I do not say it is so exactly, but I think the collateral proofs are very strong in favour of its existence.

Well, what have we done in the present instance?—We have endeavoured to regulate the man's diet; we have cupped and leeches the epigastrium, and afterwards employed counter-irritation. In all cases of a similar nature our treatment has been nearly the same; in most it has been followed by permanent relief; but where this did not occur, and the patient complained afterwards, we have had recourse to narcotics. This man has been latterly taking, with the most signal benefit, the eighth part of a grain of acetate of morphia twice a day. You will see in Dr. Bardsley's Hospital Facts and Observations that the acetate of morphia has been employed with singularly good effects in the treatment of gastric affections; and where its use has been preceded by leeching I have a full conviction of its value, as well as that of various other narcotics.

There is, gentlemen, another case,—that of the patient Denham, who has been complaining of pain and tenderness in the epigastrium, with loss of appetite, and intolerable thirst. His face and extremities are œdematous, urine not albuminous, bowels confined. His tongue is red, and thickly coated with fur; his illness commenced two months since. I looked on this as a case of chronic gastritis; for, you observe, he had all the symptoms, pain, tenderness of the epigastrium, red tongue, impaired appetite, and an insatiable desire of cold drinks. We treated him by leeching and blistering the epigastrium; we gave no purgative by the mouth, but obviated the costiveness by enemata. By this treatment much good has been effected. Since the leeching and blistering, his thirst, which was so excessive that I thought at one time he had diabetes, has completely declined; his tongue is much improved, and he no longer complains of any gastric pain. His appetite, however, continues bad; and it will

remain to be seen by the progress of the case whether this depends on want of tone in the stomach or actual disease.

In submitting these cases to your notice, it may not, perhaps, be irrelevant to make some observations on the pathology of gastritis in general. Many circumstances tend to prove that chronic gastritis is a very common disease. Although not admitting of direct proof, I think it is also true, that where dyspepsia has lasted for a long time, there is more or less of gastric inflammation. Nothing is more common than dyspepsia; and hence, in all probability, chronic gastritis is common also. We are, however, to go the whole length with Broussais, and give the name of chronic gastritis to every case of dyspepsia which comes before us. Broussais is too much of a solidist,—he refers too much to the mere visible alteration of organs, and his idea is, that every case of dyspepsia is a case of gastritis; that there is scarcely such a thing as mere nervous dyspepsia; that all instances of this kind are only various forms of gastric inflammation, and to be treated as such. Here it is evident that theory has led him astray; for that this notion is incorrect has been proved by the circumstance that several cases of dyspepsia have been relieved by treatment not calculated to remove inflammation. We every day see cases of dyspepsia deriving the most decided benefit from the use of stimulants, wine, and a generous diet; and where this occurs, who is there that would venture to call them chronic gastritis? But although we do not go the whole length with Broussais, and justly reject the speculative part of his doctrines, still we owe a great deal to his industry and research: he has brought forward a multitude of valuable facts which were formerly but little appreciated or understood; and when you are called on to treat a case of dyspepsia, I think you should take the greatest pains to ascertain whether it be chronic gastritis or not.

The next thing I have to remark is, that it is extremely difficult to make out the diagnosis of chronic gastritis; we do not know one symptom which would enable us to draw a line of distinction between dyspepsia and chronic gastritis. You will read in books a minute detail of the symptoms by which they are separately characterized, and will think yourself capable of making a diagnosis; but when you come to practice, even in an hospital, you will find the affair involved in very great perplexity. Another thing is, you will have all the symptoms and causes equally prominent in the early stage of both. I have often stated, that if I were examined on this subject, and required to give a diagnosis between gastritis and dyspepsia, I could not tell the diagnosis. The truth is, their symptoms are identical. In chronic gastritis there is no fever, and the pain, flatulence, distention, acidity, loss of appetite, &c. are the same in both. I feel convinced that chronic gastritis is very often confounded with dyspepsia by British practitioners. It is treated as disease of the liver by blue pill and black draught; it is treated as dyspepsia by tonics and stimulants; it is treated as constipation by drastic purgatives. Constipation arises from a variety of causes, frequently from inflammation of the upper part of the tube. Now, observe the result of mistaking chronic gastritis for any of these three complaints. If it be taken for dyspepsia, it must certainly be increased by the tonics and stimulants which form the great bulk of antidyseptic remedies. Run over the whole class of antidyseptic remedies, and you will find them to consist chiefly of powerful stimulants. If it be treated as disease of the liver, of course blue pill is given, but what is the consequence? The liver is stimulated, and there are copious bilious discharges; but the true cause of the disease, the gastritis, is wholly neglected, and, by neglect, becomes certainly worse. It will be also neglected, and even much exacerbad, if taken for constipation and treated as such. How are you to make the distinction and steer clear of error where your course is obstructed by so many difficulties? Recollect the rules which I have before given on this subject. If the disease is chronic, the probability is, that there is more or less of gastritis in it, and the more chronic it is the stronger is that probability. In the next place, when patients apply to you for advice they are generally a long time ill, and have gone through several courses of

antidyspeptic remedies. Now, if you happen to get a patient who has been treated for months, or even years, with blue pill, bitter tonics, and stimulants, and find that he is rather worse than better, you have two data to go upon; your diagnosis will therefore be more likely to be formed safely and accurately, and your treatment successful.

You will ask me, perhaps, would I never employ tonics in the early treatment of dyspepsia? To this I will answer—never, in case it should be combined with gastritis. Here, however, I must remark, that Broussais has gone too far in restricting such cases to a pure antiphlogistic treatment throughout, for I believe there is a period when such treatment will do no good. When we have completely removed all irritation by the former plan, I think we may then have recourse to tonics with decided benefit. When we consider the curative action of tonics, stimulants, and bitter medicines, in the treatment of the majority of diseases where they are employed, we find that they are most efficacious and successful when preceded by a judicious antiphlogistic treatment. We shall see more of this as we proceed.

There is another case which I wish to notice: it has been, I believe, one of an acute character; I allude to that of the man in the Fever Ward. This person, after committing an excess in drinking, got sickness of stomach and vomiting. In your investigations of any case which comes before you, it is of importance, towards finding a correct diagnosis, to hold these two things in view,—the exciting cause, and the first symptom of disease. Here you have, in the first place, excitement of the stomach from the use of spirits, and afterwards irritation, manifested by the vomiting. This was followed by loss of appetite, constipation, pain in the lower part of the left hypochondrium, foul tongue red at the tip, symptoms which indicate irritation of the mucous membrane of the stomach and intestines. When he was admitted into the hospital, however, what he chiefly complained of, and what were certainly the most prominent symptoms, were tightness across the chest, great difficulty of breathing, and harassing cough. His cough was indeed very severe, his sputa slightly tinged with blood, his breathing very much accelerated, and, to a superficial observer, he would appear to labour under chest disease. But, remark, we found out that he had been complaining of these symptoms for about three weeks, and consequently, if they had been pulmonary symptoms, they must have proceeded to a very alarming extent in that time. Mr. Lees examined him by percussion and with the stethoscope, but could not detect any disease of the lungs, and he was examined by myself on the next day with the same result. Moreover, the patient had been previously treated for pulmonary disease without success. We were, therefore, led to conclude that there was no original disease of the lung, but only sympathetic irritation, depending on gastritis. We took small quantities of blood from his arm, leeches the epigastrium, kept his bowels open by enemata, and under this treatment we saw all his symptoms disappear, as it were, by magic. This is a remarkable case, giving us an illustration of the manner in which gastritis may simulate other diseases, and exhibiting the importance of attending to the exciting cause and first symptoms of a disease in order to arrive at a correct diagnosis. Here you see it putting on the semblance of pneumonia, in other cases it assumes the guise of encephalitis. It was remarkable, that the bleeding and leeching increased rather than diminished this man's strength, for after their employment his prostration nearly disappeared. You will see a great many of these cases in the course of practice, where the primary mischief is masked by a train of prominent sympathetic phenomena, and in which your diagnosis is to be founded on the following circumstances. These persons labour under a kind of fever; there is generally severe harassing cough, and respiration is considerably accelerated; their symptoms have been of several days' duration, and when you examine them with the stethoscope, you find that the pulmonary symptoms are not accompanied by corresponding organic lesions, and have not advanced in proportion to their duration. You either find no disease at all in the lungs, or a bronchitis too

slight and trivial to account for such alarming symptoms. You next examine the larynx, and finding there no evidence of morbid change, you look for the cause of the cough in the digestive tube, and most commonly trace its existence to a concealed gastritis. If you meet with a case in which violent cough, laboured respiration, and other symptoms of pulmonary disease have existed for a considerable time, without any signs of disease of the lung sufficient to account for them, you may often sit it down as a stomach affection, and direct your treatment accordingly. Generally speaking, this simulated phenomena is most commonly met with in children, but instances of it in adults are by no means rare. Another thing is, if you happen to have tried pectoral medicines, and found them to fail, your diagnosis will be more certain. You remarked the case of a man who was here some time back, labouring under what may be called a *tussis firma*; well, this was dependent on gastritis. We treated him with leeches to the epigastrium and iced water with most signal benefit. He committed some excess in eating, and had a return of his complaint; he was treated again in the same way, and recovered. I remember having attended a lady some years ago, who complained of some feverishness, with very severe and harassing cough. Not being aware of the nature of the disease, I treated it as a case of fever, with irritation of the bronchi. The fever declined, but the cough continued without amendment; I was much embarrassed by its obstinacy, when one day, happening to be in attendance, the lady remarked that she had been under Dr. Cheyne's care for a similar complaint, and derived much benefit from leeches to the epigastrium. On this hint I acted; the leeches were applied immediately, and my patient's cough entirely disappeared. You will observe this is the point to which I would direct your attention; consider that the diagnosis depends on the persistence of pectoral symptoms; consider that if it were disease of the lungs, it would, in the course of two or three days, produce lesions capable of being easily perceived. But if this be the case, and you look in vain for any organic change to account for such excessive cough, you will seek for its cause elsewhere, and refer it to sympathetic irritation, produced by disease of some other organ, and this is most commonly the stomach. In connexion with this, I have to notice a very interesting fact in the pathology of gastritis. In such cases as the above, you will generally find but little direct evidence of gastric irritation. The patient has no vomiting, he complains of very little pain, and the epigastric tenderness is very slight. Here is the law by which such affections are regulated. In those cases in which the sympathetic irritation is most strongly marked, the usual or local symptoms of the disease are least apparent. We see cases of this kind apparently consisting of chest disease, and sometimes even assuming the appearance of cerebral disease, or tetanic symptoms, while the true signs are completely masked. You will find in Andral's work, a remarkable case of this kind, in which the ordinary symptoms of fever, vomiting, pain, and epigastric tenderness, continued for a few days, when tetanic symptoms set in, and immediately those which were indicative of gastric irritation disappeared. But we are not to be deceived by the supervention of sympathetic irritation manifesting itself in other organs, nor are we to suppose that the gastric affection has subsided because we have an imposing train of symptoms existing in other parts. As long as the irritation continues, no matter in what organ it appears, we have strong evidence that the disease, though lurking, is still unsubdued. It is of importance to bear this in mind when you come to treat cases of sympathetic irritation depending on gastritis. If you treat them as pulmonary disease, as any superficial observer, or any person unacquainted with the use of the stethoscope would be liable to do, your mistake will be, indeed, a very serious one. In the first place, the gastritis will inevitably be increased by being neglected. In the next place, though the internal remedies which are ordinarily employed for the removal of pulmonary affections, as tartarised antimony, squill, and other similar means, obviously produce the worst effects in gastric disease, and must tend materially to its exacerbation, so that there are in such instances two sources of exaspera-

tion, one arising from neglect, the other from the employment of therapeutic means which are totally contra-indicated by the nature of the disease. Remember, therefore, that where there are violent symptoms of disease of the lungs, and where these have gone on for several days without any proportionate lesion of these organs, that you may look for their cause and origin in a concealed gastritis. Recollect also, that in such cases the gastritis may be nearly latent, and want most of those symptoms by which it is generally characterized.—*London Med. and Surg. Journ.* May 25th, 1833.

13. *Treatment of Erysipelas with Mercurial Frictions.*—M. CASIMIR BROUSSAIS employs with great success mercurial frictions for the cure of erysipelas; but this remedy is not exempt from inconvenience, sometimes producing violent salivation, and more or less intense stomatitis. Two examples in which these affections resulted from the use of the remedy just noticed applied for the cure of erysipelas, are recorded in *La Lancette Française*, February 16th, 1833.

14. *Inflation of the Bowels.*—MR. BLACKLOCK, in a communication in our contemporary, the *Glasgow Medical Journal*, for May, 1831, states that about thirteen years previously he attended a child whose bowels could not be moved by any of the agents usually employed in cases of obstruction, although there were no symptoms of inflammation till towards the close of the scene. Having obtained leave to examine the body, nothing could be discovered to account for death, but a very complete intussusception in the course of the ilium, and which immediately disappeared on inflating the bowels with the blow-pipe. It occurred then to Mr. B. that this might have happened had the bowels been inflated during life. Mr. B.'s son, about three years of age, was attacked with constipation, so that during nine days no evacuation could be procured from his bowels, notwithstanding the most persevering administration of purgatives, and the almost hourly use of enemata. At length Mr. B. had recourse to inflation, and the child immediately had a free evacuation. Mr. B. has since tried the remedy frequently, and often with the best result.

15. *Iodine in the Treatment of Salivation.*—In a recent number of *Hufeland's Bibliothek der Practischen Heilkunde*, there is a note strongly recommending iodine in cases of severe salivation, which is represented as removing the most violent inflammation of the salivary glands, and even healing ulcerations produced by mercury within a few days. The dose is two grains a day, increased to four. The following is the formula: \mathcal{R} . Iodine, gr. v. solve in spt. vin. rect. $\mathfrak{z}\text{ij}$.: adde aq. cinnam. $\mathfrak{z}\text{ijss}$.: syrup. simp. $\mathfrak{z}\text{ss}$. Dose, half a table-spoonful, and gradually increased.—*Med. Gaz.*

16. *Rheumatism Cured by the Common Artichoke.*—M. COPENAX relates in the *London Medical Gazette* for March last, several cases of rheumatism cured by the common artichoke. Mr. C. uses the article in tincture and extract, but prefers the latter. This is made by evaporating the expressed juice of the leaves and stalks to a proper consistence for making pills. Of the former preparation he gave $\mathfrak{z}\text{j}$. to $\mathfrak{z}\text{ij}$. three times a day; of the latter, grs. iij. three times a day. This remedy, he says, exerts no apparent influence over the functions of the skin; sometimes it clears the urine and increases its quantity, but not always; it produces apparently no stimulating or narcotic effects; but when given in large doses it acts more or less violently on the bowels, causing griping pains and purging, and as soon as this takes place, it ceases to produce any beneficial influence upon the disease.

Four cases of rheumatism are also recorded in the *London Medical and Surgical Journal* for August 31st, by Mr. J. J. Hallett, in which the remedy was administered with success. Mr. H. uses the juice only, which he extracts by cutting the fibrous and fleshy portions of the leaf into short pieces, convenient for bruising.

ing in a marble mortar. The juice is then easily separated from the pulp by pressure, and may be preserved by adding one ounce of spts. vin. rect. to every five ounces of the filtered juice. Mr. H. has never seen this produce catharsis.

17. *Inflammation of the Mucous Membrane of the Bowels.* Extracted from the Clinical Lectures delivered at the Meath Hospital. By Dr. WILLIAM STOKES.—This case would appear at first sight somewhat perplexing; but, by considering that this patient has had no irritability of stomach or vomiting, that during the course of his disease he has had thirst, but no desire for cold drinks, and that symptoms of irritation of the lower part of the bowels have been absent, you will be able to infer that it must be inflammation of the intermediate part of the digestive tube. This patient is, however, still in a precarious state, though he derived much benefit from the application of leeches to the right iliac region, and his head-ache rapidly subsided after their use; his tongue is still foul, and he continues very feverish. On Saturday he was very ill; he complained of ardent thirst, his respiration was fifty in a minute, but the stethoscopic signs of disease were insufficient to account for such acceleration of breathing. Now, you all will recollect, that I have often told you that where there is fever and extremely hurried respiration, without any distinct evidence of disease in the lungs or windpipe, we should always look for the source of the disease in the digestive tube, and that this is most commonly found to reside in the stomach. In this man's case we could not, by the stethoscope or percussion find any cause for the increased rapidity of respiration; but we observed that his belly was swollen and his thirst urgent. We applied the leeches again on yesterday with the most extraordinary benefit; the head-ache, tympanitis, and laboured respiration were manifestly relieved. An objection might be raised to the efficacy of this mode of treatment, as the improvement took place on the fourteenth day, and it might be said that it was an improvement which depended on a crisis. To this I will answer, that I have seen so many cases of improvement after leeching without crisis, that it is unnecessary to take this into consideration, and that in the present instance there has been no crisis is obvious, as the patient is still in a bad condition. If all his symptoms began to decline on that day, then indeed the effect of crisis might be reasonably inferred, but his original affection still continues: and therefore it is fair to conclude that his improvement is attributable to the remedies employed. There is another point with respect to leeching in gastro-enteric fever; *we have seen numerous instances of crisis brought on by the application of leeches to the abdomen.* This is a curious circumstance; but I have seen it occur in so many cases that I feel convinced it would not have come on if the leeches had not been applied. I have seen the application of leeches and the supervention of crisis in such close and constant connexion, that I look on them in the light of cause and effect. Can we explain this? If you look to those diseases which have a tendency to terminate by crisis, you will find that they consist of cases in which there is no great preponderance or excess of irritation in any particular organ. Of this simple typhus is one of the most remarkable examples. When there exists a decided point of irritation in any particular part, the tendency to terminate by crisis is much less. Thus we seldom observe a distinct crisis in cases of acute enteritis or hepatitis, or inflammation of the peritoneum. Whenever we bring on a crisis in any disease in which there is distinct irritation of some particular organ or organs, we generally accomplish our purpose by reducing the local inflammation, and placing the organs in such a state as to give nature fair play. This is a point I have not seen sufficiently dwelt on in any medical work, but it is one of great importance, and which I wish to impress upon your minds. I have seen the application of leeches to the abdomen so frequently followed by a crisis, that I consider it fair to connect these occurrences in the relation of cause and effect. In these cases of the secondary inflammations of fever, it would seem that the tendency of the general disease to terminate by crisis, is prevented by the intensity of a local inflammation, which by its sympathetic irritation keeps up a febrile action. Now

if you modify or remove altogether this local affection, you, as it were, reduce the fever to the state of simplicity, and allow the tendency to a critical termination to operate.

A few more observations on this case are necessary. This patient exhibited one peculiar symptom, not generally described in these cases, a very evident pulsation of the abdominal aorta and the vessels which it sends to the viscera of that cavity. It appears that this is a circumstance of common occurrence, and that in most cases where there is acute local irritation the arteries going to the affected part take on an increased action independent of the heart's impulse. Thus, in cases of whitlow there is a manifest excitement observed in the arteries of the corresponding arm. The same thing I believe takes place in enteritis, and we may look on the increased pulsation of the aorta as arising from enteritic inflammation; when you lay your hand on the abdomen of a patient labouring under this disease, you often feel the vessels beating very strongly, *though neither the heart nor the pulse at the wrist is proportionally affected*. I do not say that we are to look on every case of pulsation of the abdominal arteries as the consequence of enteritis or fever, but where we find it occurring thus in fever, we are to conclude that it is indicative of disease in the bowels. We have constantly noticed this pulsation of the arteries of the abdomen to subside after the application of leeches; we have also seen it decline and increase in proportion to the existing disease; and I think we have many circumstances to prove and warrant us in concluding that it accompanies the disease of inflammation of the mucous membrane.

Another point which I look upon as somewhat new, is presented by this man's case. He had incessant thirst, but his desire was for warm drinks, and he refused cold. We may found a part of our diagnosis on this circumstance. In cases of acute gastric inflammation, patients are harassed by a burning thirst, there is an urgent desire and a constant demand for fluids, but these must be cold, the sufferer generally refuses all others. You will see in any work on toxicology, that in cases of poisoning by corrosive substances, which is only another form of acute gastritis, there is an insatiable desire for cold drinks. In the present instance we find our patient complaining of great thirst, but he prefers warm drinks, and never uses fluids in a cold state, a peculiarity from which I am led to infer that he has no gastritis, but that the inflammation is seated lower down in the digestive tube. When the inflammation is seated, say in the ileum, we have it in a part of the tube less sensible than the stomach. There is the desire for fluids, but not the demand for cold fluids. But when the stomach is the seat of disease, there is both the desire for fluids and relief from the direct refrigeration of the suffering organ. Another important subject for consideration may be noticed in this case. He has had all through his illness more or less tympanitis, a circumstance to which I am anxious to call your attention, as connected with it is one of the worst errors in practice. From a dangerous habit of prescribing without taking the trouble of searching for causes, and from the universal leaning to specificism in medicine, many practitioners are in the habit of giving the spirits of turpentine when called to attend cases of this kind. Several cases have, indeed, been relieved by this plan of treatment, but I deny that tympanitis occurring in the acute stage of fever has ever been relieved by spirits of turpentine. We are to consider the tympanitis of acute gastr-enteritic fever as one of the consequences of inflammation, and its removal is to be effected only by removing the exciting cause. Can this be done by direct stimulation of an inflamed mucous surface with spirits of turpentine? Certainly not. If we give spirits of turpentine, the patient is purged, (frequently with great violence,) the tympanitis, too, disappears, but the next day we find a manifest increase of fever and thirst, the abdomen is more tender than before, and the tympanitis returns. You may give another dose, but if you do the fever assumes an alarming aspect, marked by the supervention of coma and delirium. Tympanitis we should always consider as one of the symptoms of acute inflammation, and never give turpentine in the commencement of the disease. In the ad-

vanced stage of the disease, where turpentine may be employed with benefit we find the tongue soft, and the abdominal tenderness inconsiderable, and here the safest mode of employing it is by injection.—*London Medical and Surgical Journal*, July 20th, 1833.

18. *On Delirium Tremens.* From Dr. STOKES Clinical Lectures.—Delirium tremens is generally treated in a very empirical way. What is the general treatment of this disease in these countries? It is stimulant. Patients who are attacked by it, are universally ordered stimulants; whiskey, wine, brandy, and porter are the usual remedies employed; stimulation by ardent liquors is carried to the highest pitch, and in their administration confidence is placed, but any of the senior students, who have attended other hospitals, and seen the consequences of such treatment, must acknowledge that its result is too often fatal. It is, at least, an undoubted fact that many persons die under this plan of treatment, and we should therefore pause before we enter on it, and carefully investigate the peculiar symptoms and history of each case, and endeavour to ascertain whether such a line of treatment be consistent with sound pathology or not. It appears to me that a common source of error lies in not sufficiently distinguishing the causes of delirium tremens. It is an important law of pathology that similar symptoms may arise from very different causes; we have this exemplified every day in practice; we see the phenomena of inflammation of the brain arising in one case from the presence of too much blood in that organ, in another from an anemic condition. In the same way we may have the ordinary symptoms of hypertrophy of the heart from too much or too little blood.

It would appear, that in some cases of delirium tremens much benefit has been obtained from the administration of stimulants, and on this an erroneous practice has been founded, all cases are considered alike, and all are treated in the same way. My experience, with respect to the treatment of delirium tremens, is as follows: I divide all forms of the disease into two classes, one in which the delirium is the result of an immense debauch, another in which the patient has been in the habit of using ardent spirits in quantities, and has suddenly given up their use. In the former case the disease appears to be the result of excess, in the latter of a want of the customary stimulus. It is a common custom for persons in this country, particularly in the lower classes of life, to take a periodic fit of drinking, or, as they phrase it, to be *on* for drinking. They continue for perhaps a fortnight in a state of constant intoxication, and get delirium tremens from excessive stimulation. Another cause is this; a person who is in the habit of taking a great quantity of whiskey-punch every day happens to meet with an accident; he gets, suppose, a broken leg, he is debarrassed from the use of his usual stimulus, and the consequence is delirium tremens. Now when a person happens to have an attack of this kind, from a deficiency of his customary stimulus, the exhibition of wine, brandy, or whiskey is certainly productive of benefit; but when it arises from excess are we to continue the use of stimulants? Certainly not. In a case of the former kind we derive very great advantage from the use of stimulants. We cure our patients principally by means of opium, brandy, and wine, but I must confess, on the other hand, that I have never seen a case of excessive stimulation benefited by such a plan of treatment, nay, more, I have seen many patients, who have been treated in this way, die with symptoms of inflammation of the brain, or stomach, and have found the diagnosis afterwards verified by dissection. In all cases where delirium tremens has been the result of excessive stimulation, we have found in this hospital, that the most decided advantage has resulted from an opposite mode of treatment, and that we were able to effect a cure by keeping our patients on a strict antiphlogistic diet, and applying leeches to the epigastrium, followed by an opiate. You are aware, that Broussais first announced the doctrine, that delirium tremens was only an acute gastritis. This I believe is not true; but in a great many instances I believe there is a great deal of gastric irritation, and that much good may be done by relieving it. In some cases, which

have been treated in this hospital, we have succeeded in (immediately) bringing on sleep in removing the tremors and mental aberration, in fact, in restoring the patient to a state of health by the application of leeches to the epigastrium, without any other treatment. If a patient be in a state of excessive stimulation, you can easily conceive what organs are most likely to be affected, and you can pathologically explain the injury done by the use of stimulants. The rule I have laid down for myself is this; where the disease proceeds from a deficiency of stimulus, give wine, brandy, opium, &c., but where the stimulation has been excessive, apply leeches to the epigastrium and head, and if the disease still continues then you may have recourse to the opiate treatment.—*Ibid.*

19. *On the Efficacy of Dry Cupping in Various Diseases.* By R. J. GNAYES, M. D. Extract from a clinical lecture at the Meath Hospital.—I begin this day's lecture with some observations on dry-cupping, of which you have witnessed the trial in two or three cases at present in hospital. Most of you, I presume, are aware that dry-cupping has been lately recommended to the notice of the profession in a very ingenious and valuable paper published by Mr. Robertson of London; and, as it is a subject deserving of serious and interesting investigation, involving many considerations of practical importance, it will be necessary to notice it briefly, and offer some hints respecting its applicability to various forms of disease.

Dry-cupping is a remedy not by any means of modern invention; it was known to Hippocrates and Aretæus; and, in succeeding times, among the nations of the European continent and in the British dominions it was very generally employed, and formerly enjoyed the reputation of being a very fashionable remedy. Of late, it has fallen very much into disrepute; it is now very seldom employed, though some persons still use it, in hospitals and public institutions, where clinical experiments are conducted on an extensive scale. Mr. Robertson has attempted to revive this practice, and has proved that dry-cupping is a very valuable remedy, possessed of curative powers shared by no other therapeutic agent, and capable of being applied with advantage where the ordinary means are perilous or inadmissible.

Some time ago, Mr. King, of Stephen's Green, related to me the particulars of a case which exhibited, in a very remarkable manner, the benefit derived from dry-cupping. It was a case of hysterical vomiting, in a lady, for which every known remedy had been tried without any favourable result, and which was completely arrested by the application of dry-cupping to the stomach and margins of the ribs. This may appear strange to you, and you may be inclined to ask, how it is that a change in the condition of the integuments of the abdomen can affect the stomach? In reply to this I would ask, in inflammation of the stomach, whether acute or chronic, why is it that the application of leeches to the integuments relieves the gastric affection? In the latter, the result is equally strange as in the former instance; the circulation of the stomach is totally distinct from that of the integuments, and yet we have no remedy so efficient in relieving gastric inflammation as leeches, applied to the integuments of the epigastrium. Taking away blood from the surface produces a change in the circulation of the internal organs; detaining blood in the integuments in the neighbourhood of any viscus, acts also on the internal circulation, and effects a corresponding change. Let us investigate this more minutely.

A cupping-glass is applied to some part of the body, and the air contained within it is exhausted by means of a syringe or by heat. In either case the integuments of the part are forced up into the glass by atmospheric pressure, so as to form a hillock, in which a considerable quantity of blood is detained, remaining in the capillaries of the part, and being, as it were, cut off from the general mass of the circulation. The experiments of Dr. Barry have proved the detention of blood in that portion of the integuments submitted to the action of the cupping-glass, and that the quantity so detained does not pass into the general circulation or partake in its changes. Now, if a given portion of

skin has, in consequence of morbid action, an unusual quantity of blood thrown into it, and cupping-glasses are applied to the integuments in its vicinity, you draw off a great quantity of blood into the portion which you cup, and that part which presented an unusual quantity, in consequence of morbid engorgement, may be, *pro tempore*, drained, and may, during the period of this application, make rapid progress towards health. The same observation holds good when you cup over an internal organ in a state of inflammation. You must be aware of the practice of tying arteries which go to tumours of various kinds, and that the application of the ligature has frequently proved successful in arresting the peculiar inflammatory process by which such morbid developments are accompanied. Now, cupping acts as a kind of temporary ligature on the vessels of the part to which the glass is applied, including even the capillaries; and it is in this way that it tends to prevent the absorption of poisons locally applied.

Having said so much about the application of cupping-glasses, their *modus operandi*, and their action as local applications, let us see how far the principle may be pushed, and also whether this mode may not be applicable to local affections alone, but also act on the general circulation in such a manner as to produce those effects which are commonly attained by different means. Dr. Arnott, in vol. i. p. 574, of his work on the "Elements of Physics," makes the following important observations on this subject:—"Reflection upon these circumstances led me to think that, in certain cases, the beneficial effects of blood-letting might be attainable by the simple means of extensive dry-cupping; that is to say, by diminishing the atmospherical pressure on a considerable part of the body, on the principle of the cupping-glass used very gently, and thus suddenly removing for a time, from about the heart, a quantity of blood, sufficient, by its absence, to produce faintness. The results of trial have been such as to give great interest to the inquiry; and the author's leisure will be devoted to the prosecution of it. An air-tight case of copper, or tin plate, being put upon a limb, and made air-tight by a leathern or other suitable collar, tied at the same time round its mouth and the limb—on part of the air being then extracted by a suitable syringe, in an instant the vessels all over the limb become gently distended with blood; and, as the blood is suddenly taken from the centre of the body, faintness is produced, just as by bleeding from a vein. The excess of blood may be detained in the limb as long as desired, for the circulation is not impeded. To produce a powerful effect with a slight diminution of pressure, more than one limb must be operated on at the same time." From this it appears, that if you take the whole arm or leg or thigh of a man and place it under this machine, then exhaust it of air, and detain one or two pounds of blood in the integuments, the same quantity is abstracted from the heart and general circulation, and the effect produced is the same as if you had suddenly drawn blood from the system to this amount. The strongest man will faint if you cup both legs. I think this view of the subject opens new ground in the field of practical medicine. You are all well aware of the effects, the truly beneficial and admirable effects of blood-letting, and you know also, that these depend not so much on the quantity of blood lost as on the impression produced on the general system. If we have to deal with an extensive and violent inflammation, we do not abstract blood by a minute opening, we make a large orifice, or we open a vein in both arms at the same time, we place the patient in an erect posture and endeavour to produce deliquium. It sometimes happens that the patient faints from fear, or before any considerable quantity of blood has been lost, and this faintness, as Dr. Arnott remarks, answers as well as that which results from venesection. This I can also testify, for I have seen all the good effects of bleeding, produced by the terror with which the operation frequently inspires persons of delicate or nervous temperaments. Now, by the machinery before described, a machinery by no means complicated, you are able to produce with certainty, such a powerful effect on the general vascular system, as to obtain all the benefit derivable from general blood-letting. Dr. Arnott mentions another but more objectionable way of attaining the same purpose,

and one which is inferior in efficiency to the mode detailed. If you apply a bandage pretty tightly over the upper part of a limb, suppose for instance round the thighs, so as to prevent the return of blood through the veins, and then put the legs into warm water, the quantity of blood detained in the lower extremities will be such as to make the patient faint. This mode may be useful on some occasions but it is inferior to dry-cupping, and can only be applied to the extremities. There is another and very important point relative to the employment of dry-cupping, which stamps additional value on it from its applicability to cases calculated to excite much solicitude and anxiety in the mind of every practitioner. You have often seen cases of inflammation, in which our sole hope of safety, or even life, depends on checking the inflammatory process, when we stand doubting or perplexed, balancing the possibly fatal effect of blood-letting on a sinking frame, with the slower but, perhaps, more certainly calculated close of an inflammation, which attacks some vital organ, and affects the very sources of existence. If, in such circumstances, we could produce results similar to those which accompany venesection, would it not be a very important desideratum? Now, the employment of dry-cupping holds out to us a fair prospect of attaining this end, of cutting short a menacing inflammation in that particular state of constitution where blood-letting is a perilous experiment, and regulating the errors of morbid action without having recourse to the customary shock of sanguineous depletion. I do not know any better or more valuable auxiliary in the practice of medicine than this, or one which is capable of greater extension and improvement. There is not a single practitioner who does not remember how often he has been forced to bleed when he knew that he was doing so at the risk of his patient's constitution and life; there is no one who has not, on such occasions, anxiously sought some other means of accomplishing the same purpose; and as this is promised by the employment of dry-cupping, I think this matter should become the subject of extensive clinical experiment, and that no time should be lost in proceeding to investigate the true properties of a remedy, which is likely to open a new era in medical practice. Cupping-glasses might be made of convenient shapes, for applying them along the inside or outside of the thigh or arm, and might be so large that, with the aid of a syringe, the intended effect could be produced in a few minutes. With regard to their operation in cases of local disease, I think we cannot extend their use too far. There are many cases of hysterical neuralgia, sometimes affecting the side, sometimes the spine, and other parts, which hitherto we have treated by bleeding, leeches, stupes, liniments, and blisters. Fomentations and liniments sometimes succeed in removing this affection, so do leeches, but frequently both fail, and we are obliged to blister, which often produces great irritation, without being attended by any decided benefit. Here it is very probable, that we would derive very great advantage from dry-cupping in the neighbourhood of the affected part. There is one form of this disease to which it is peculiarly applicable. The most annoying thing, perhaps, about which a medical man is consulted, are the head-aches of young ladies. These are varied and numerous beyond conception, generally connected with some menstrual irregularity and derangement of the intestinal canal, and forming a class of disorders which would require a good monograph more than any other I know of. Many practitioners get into disgrace with ladies on this account, and, as a natural consequence, with the community in general. Bleeding here is of very little use, and gives only a temporary relief, or even in many cases aggravates the existing symptoms. The best plan of treatment is to regulate the menstrual secretion, and attend to the state of the bowels. But I will say no more on this subject, for I might lecture on it without end. As to the head-ache, if you leech they get worse afterwards, if you apply cold lotions the same result; the best thing you can do, in my opinion, is to apply dry cupping-glasses to the back of the neck and between the shoulders.* Let us see what

* Dr. Graves has expressed his opinions on this subject more fully in a paper which will appear in the forthcoming number of the Dublin Medical Journal.

has dry-cupping done in those cases which have been treated with it in hospital. A man of the name of Ryan, who has been a long time in hospital, suffering from violent pains, produced partly by rheumatism and partly by neuralgia, complained of very severe attacks of pain in the lumbar region, lower part of the belly, and thighs, but particularly in the lumbar region, on one side of which the pain and tenderness was excessive. This man had been mercurialized and blistered, he had 100 leeches to the affected parts in eight different applications, he had been stuped repeatedly, he had all manner of liniments and internal remedies I could devise. He was certainly somewhat improved by this treatment, but not so much as I wished. Well, this man has received the most marked benefit and relief of his sufferings from dry-cupping over the seat of the disease.

Another man, named Eustace, who had sciatica, which was cured by acupuncture and afterwards returned, experienced considerable advantage from this remedy. In the case of a woman above in the fever ward, labouring under bronchitis, we have observed an amelioration of the pectoral symptoms after the application of dry-cupping. It appears to me that cases of pain and tenderness are not the only ones to which dry-cupping is applicable, but that we may employ it also with hopes of success in congestion of internal organs. Cupping over the chest, I think would diminish if not cut short the paroxysms of spasmodic asthma, of tussis senilis, and of the acute suffocative catarrh. In bronchitis with emphysema, it would relieve the congestions of the lungs, and lessen the dyspnoea; and in the violent suffocating bronchitis of children soon after birth, it seems to be particularly valuable from its rapid effects. In the tremendous and fatal dyspnoea which accompanies this affection in children, bleeding and leeches are objectionable, from the danger attendant on them, and from their tedious operation, and are decidedly inferior to the prompt and efficacious agency of dry-cupping, which is free from any danger. You will be convinced that I do not overrate the value and advantages of dry-cupping, when you recollect the case of a man in the hospital who has empyema of the left side of the chest. In this case, which will be spoken of by my colleague, Dr. Stokes, the whole of the cavity of the left pleura is filled with matter; the heart has been pushed to the right side, and the man breathes only through his right lung. Now this man got bronchitis in his only sound lung, and you can easily perceive what danger he was in. It is obvious, that in such cases, from the long duration of the disease, the immense quantity of pus in the pleural sac, and the weakness of the patient's constitution, bleeding could not be employed without much hazard. We had recourse to small doses of tartar emetic and extensive dry-cupping over the chest. The result of this case, which I could not have treated so advantageously a fortnight ago, is very encouraging, for you have seen the relief this poor man obtained. It may seem to you that I am disposed to think too highly of a remedy, the properties of which are at present but little known; but, as I have stated to you before, its properties seem to be analogous to those of general and local bleeding, and it is of the utmost importance to investigate its effects thoroughly, and see if it is capable of the same application, and likely to be attended by similar results, or, if there be any differences in applicability, to know where the one and where the other may be employed with the greatest propriety and success.—*Lond. Med. and Surg. Journ. April 27th, 1833.*

20. *Severe Case of Hydrocephalus terminating in Recovery.*—An interesting case of this is recorded by Dr. TRAILL, in the first volume of the *Provincial Medical Transactions*. The subject of the case was a child, twenty months old, who became the patient of Mr. Reay, on the 24th of April, 1830, labouring under a slight remittent febrile attack, with some cough and occasional fits of screaming. Mercurial purgatives were given, but squinting supervened, and on May 14th, Dr. Traill was called in. The child was now very hot, with a rapid pulse; the alvine discharges ill digested and extremely offensive; the abdomen, though not tumid, felt *doughy* or inelastic; the tongue was furred; there

was no marked impatience of light, the pupils regularly contracted, but the child occasionally screamed, without apparent cause, and the urine was scanty. "He had cut all the incisors, the canine teeth, and four of the first molares; smart doses of calomel and jalap, with a mixture containing squill, were prescribed, while the head was ordered to be kept cool by an evaporating lotion. At 1 A. M. of the 16th, the child had a severe convulsive fit. *Gums divided over the molares—enemata—leeches to the temples—warm bath—castor oil.* On the 17th, more symptoms of cerebral affection—impatience of light; frequent screaming; convulsive twitches of the limbs—*leeches, blister between the shoulders, evaporating lotion to the head, calomel and jalap in repeated doses.* The blister was dressed with the ung. hyd. On the 19th there was strong strabismus; pupils much dilated, and nearly insensible to light. Yesterday and to-day all the other bad symptoms were increased; screaming more frequent; left side seemed paralytic, while the limbs on the right side were frequently and convulsively agitated. *Hyd. & cret. thrice daily.* On the 21st the blister was repeated and castor oil given. On the 22d, the pulse which had previously been generally rapid, was now between 70 and 80. *Cold applications to the head omitted.* On the 23d the urine was nearly suppressed, the eyes insensible to light. *Calomel and jalap—nitre whey.* On the 24th, moaning and screaming, urine very scanty, ooc side, (not stated which,) quite paralytic, the other constantly affected with convulsive twitches. *Blister with ung. hyd. repeated—castor oil, and enemata.* On the 25th, the child began to be under the influence of mercury, and the blistered surface was highly inflamed; convulsive motions less violent. From this time he continued slowly to improve. On the 1st of June, strabismus still continuing, the eyes appearing to be yet insensible to light, and the pulse being below 70, rather irregular, diuretics were continued, and a small blister was applied to the vertex, over the fontanelle. On the 4th, the urinary secretion was copious and the strabismus diminished. On the 5th the blister was repeated. Soon after the 11th of July he was in vigorous health, and he remains free from complaint.

It is interesting to trace the successive phases of this affection—first, derangement of the bowels, pyrexia, slight affection of the thoracic organs, marked by cough; and of the head, evidenced by screaming—secondly, the head more decidedly affected, marked by increase of fever, a tendency to squinting, occasional screaming; probably inflammatory action of the arachnoid or substance of the brain was now going on—thirdly, increase of cephalic affection, shown by convulsions and convulsive twitchings of the limbs, impatience of light, more frequent screaming; probably effusion was now commencing, and the vessels were much loaded, for convulsions, after injuries of the head, are generally found to depend on moderate pressure—fourthly, symptoms of decided pressure, evinced by the subsidence of the pyrexia and the paralysis. He who carefully considers cases in this manner—who groups the symptoms, and calculates not merely what the name of the disease is, but what are the particular functional conditions or organic changes producing those groups, will be the philosophical and successful practitioner."

We particularly recommend to our readers the following remarks of Mr. Traill; we have ourselves so invariably seen the worst effects follow severe blistering to the scalp in hydrocephalus, that we can scarcely think of the practice without horror. "In the treatment of such cases, I have, for several years, discontinued the application of severe blistering to the scalp, which was once a very general practice; from having observed little benefit from that mode of treatment, and having, in some cases, thought that it tended to aggravate the symptoms. I have, of late, applied the blisters more frequently to the nape of the neck, under the impression that the inflammatory state of the brain was more certainly combated by deriving the fluids from the head, than by increasing the activity of the vessels of the scalp; while the application of cooling lotions, at the nearest possible point to the seat of the inflammation, has appeared to me a more successful method of treating this very fatal disease. With this mode of local treatment, I have long been in the habit of conjoining the ab-

straction of blood, either by leeches or the lancet, according to the age and strength of the patient; and, as the influence of mercurials in controlling inflammation, and in promoting absorption, appears to me well established, I usually endeavour to induce a constitutional effect, in such cases, as speedily as possible, both by giving it internally, and applying it as a dressing to the vesicated surfaces. Indeed, I believe that mercury will, in this disease in particular, enter the system much more readily by cutaneous absorption than by the lacteals. As pressure on the brain would seem more quickly to paralyze activity of the absorbents of the alimentary canal than of the *dermoid* surface, probably because of the immediate dependence of the former on the great sympathetic nerve. In the case about to be given, these were the indications which were chiefly followed."

21. *Inflation as a Remedy for Obstructed Bowels.* By JOHN KING, Jr. Esq.—The importance of inflation as a remedy for obstruction of the bowels, appears to me not to be sufficiently appreciated at the present day. It was first recommended by Hippocrates for the removal of intestinal obstruction; in more modern times, it has been resorted to by Hoffman and Haller; and notwithstanding the neglect it has since experienced, I cannot but regard it as worthy of an eminent position in the list of therapeutic agents. The treatment usually prescribed in cases of ileus or colica (without inflammation) is very discordant, as witness,—warm baths, fomentations, injections of warm water and oil, rubefacients, and blisters,—contra—cold effusion and immersion, freezing letions, pounded ice and snow; not to mention emetics, purgatives, and mechanical distention by warm fluids, quicksilver, gold and silver balls, &c.—and when all these remedies have failed, blood-letting, tobacco, in infusion and smoke, and lastly, gastrotomy. Yet this simple means of inflation, although probably the most powerful, and the least dangerous, is entirely overlooked. It paralyzes, as it were, the constricted fibre of the bowels, and may be used in the following cases, if not with complete success, at least with advantage, viz. the various kinds of colic, proceeding from torpidity, spasmodic constriction, viscid meconium in new-born infants, impaction, bezoards, and other intestinal concretions, volvulus or intus-susceptio, and some cases of hernia. It was a happy thought of those who hit upon this means in the hour of danger, after all their other efforts had proved nugatory. For although tobacco, which is often used as a last resort, sometimes is successful, it is not uniformly so, and it too often happens, that the patient, rather than undergo a repetition of it, beseeches to be allowed "to die in peace." We may also observe the hesitation with which the practitioner has recourse to it, not only because of its doubtful efficacy, but on account of the danger there is of greater exhaustion being produced by it. I take the liberty of giving one case, as I conceive it may give some idea of the power of inflation.

In September, 1829, I was requested to visit Mrs. G. æt. 26, of rather delicate frame. On the night previous to my visit, she experienced an uneasy sensation in the region of the stomach; for which, she took eight grains of calomel combined with a half-drachm of compound powder of jalap, without any impression on the bowels. During the night this uneasiness increased to an almost intolerable pain, accompanied with obstinate vomiting, which continued till the evening, when I saw her. In the course of the day she took two doses of castor oil, and received five injections. When I entered the apartment, she was sitting near the fire, and her body bent forward; the face was wan, hollow, dejected, and of a dingy-yellow colour; the surface of body and extremities inclining to cold. Pulse 80, soft and much compressed—tongue, at the back part, covered with a brownish-coloured mucus—she had obtained no alvine solution for six days. She took no notice of my being present, or of any thing going on around her, but informed me, when questioned as to the seat and kind of pain, that it was of "a violent screwing nature, working between the stomach and navel," coming on in paroxysms, and ending in or producing vomiting. I ordered the

warm bath, and gave a teaspoonful of laudanum with compound spirit of lavender, which was soon afterwards vomited. Upon this, an effervescing mixture was given, then five drops of croton oil with some laudanum, and in about three-quarters of an hour, five drops more without laudanum: but each in its turn was rejected, with a quantity of yellow-coloured fluid. It was at this time, I first thought of inflation. For this purpose, I procured a pair of common bellows, and securing the bladder of a glyster-bag to the nozzle of the bellows, the pipe was introduced into the rectum, while the patient lay on her right side, and the bellows was commenced being wrought. As soon as the air entered the rectum, the effect was immediate and satisfactory; the countenance lost its anxiety, the eye brightened, and the patient said she felt quite relieved. A gurgling noise was heard in the bowel, with an escape of foetid air; and in about a minute from the time the air began to enter the rectum, she requested to be allowed to go to stool. She had a copious dejection, and a good night's rest; and next morning complained only of being much enfeebled, but was otherwise well.

I was deeply impressed, about five years ago, with the fatal result of a case of intus-susception, in a fine robust infant, six months old; which was supposed to proceed from the effects of half a teaspoonful of some syrup of poppy, made, as is commonly done, with opium, given for the purpose of procuring sleep during the period of teething. About eight hours after it was given, the child began to cry vehemently, having appeared restless and uneasy for several hours previously. Early in the forenoon, it passed a very scanty stool, streaked with blood; soon after this, vomiting commenced, which continued until the little sufferer sunk. Is it unreasonable to imagine that if inflation had been used in this case, the result would have been otherwise? I was hereby shown the necessity of seeking more powerful means, than fluid injections, et cetera. And I hope, as I firmly believe, that inflation with common air is the necessary desideratum. I conclude with Dr. Cheyne, that 'a man dying of ileus, presents one of the most pitiable sights in nature;' and a leading object of this paper is to remove a part of the horrors of the scene, by withholding many of the bitter doses, which are forced upon him by the solicitude of his friends, and the officiousness of his physician."—*Glasgow Med. Journ. February, 1831.*

22. *Efficacy of Iodine in Dropsy.*—Dr. WILLIAM STOKES, in a Clinical Lecture delivered at the Meath Hospital some time since, offered some remarks relative to a young woman affected with dropsy, which we transfer to our pages from our esteemed cotemporary, the *London Medical and Surgical Journal*.

This case, Dr. S. observed, illustrates well the truth of the proposition, that dropsy is not to be generally considered a disease *sui generis*, but as the result of some other disease, and that in order to effect its cure, we must carefully investigate its nature and ascertain its cause. The mere symptomatologist endeavours to remove it by the ordinary means, but we must accurately explore its cause, before we can hope to treat it with success. The history of this young woman's case is, that she had, some time since, an attack of acute peritonitis, that on the subsidence of this she had diarrhoea, and again symptoms of sub-acute inflammation of the peritoncum. She also had an attack of bronchitis, and afterwards became anasarcaous with enlargement of the belly. Here, gentlemen, we have here in the first place inflammation of the serous membrane of the digestive tube, then of its mucous coat, and afterwards of the membrane lining the respiratory apparatus. Considering the origin of the complaint as consisting in a subacute peritonitis, we determined to treat it accordingly; she was bled, leeches, and blistered, and then we had recourse to iodine. We are rubbing with iodine ointment, and she is taking internally one grain of iodine and eight grains of the hydriodate of potash daily, dissolved in two pints of distilled water. This solution, called the iodine mineral water, is an excellent remedy, and under its use you have seen that the size of the abdomen has been very much reduced, and the patient materially improved. In cases of this kind I have witnessed numerous instances of the value and efficacy of iodine, and can

recommend it strongly. A medical gentleman related to me some time back the particulars of a remarkable case of the wife of a respectable person who had ovarian dropsy to such an extent that her life was despaired of. Her belly was so enormously swelled, that at first sight he thought she had pillows over it. As he was called in, he, of course, wished to do something, and having recommended the employment of iodine mineral water, went away, leaving, as he thought, the woman to her fate. Some weeks after this, her husband called on him to express his thanks for the relief he had afforded her, and stated that she was amazingly improved. He had forgotten the case, and wished to see her again. He found her up and dressed, the abdomen quite soft and compressible; there were, as well as he could ascertain, some floating tumours in it, but the enormous dropsical swelling had almost completely subsided. It appeared that some short time after she began to use the iodine, a copious diuresis came on, and since that time she has been in the enjoyment of very tolerable health, and though while she has those tumours her life is insecure, still no one, I think, will deny that existence has been prolonged and much good effected. It is my intention to give iodine a full and fair trial, and to ascertain its comparative value in the treatment of dropsy. There is a patient at present in the male ward, who has enlarged liver and spleen with ascites; he is using the iodine mineral water, but as yet has received but very little benefit. We shall however continue its exhibition, for it is frequently necessary to persist in the use of this remedy for a considerable time, and never give it up in despair until thoroughly convinced of its inefficacy.

OPHTHALMOLOGY.

23. *Restoration of Vision, in Cases of Staphyloma and Incurable Opacity of the Cornea.*—Mr. NIMMO has written an able paper on this subject in our Glasgow contemporary. His object is, to point out the means that have been recommended by German surgeons, and to weigh their comparative merits. We will glance at the operations, which are three in number. The first consists in a removal of a portion of the iris, adherent to the posterior surface of the cornea, in staphyloma;—the second, in the formation of an artificial pupil in the sclerotic;—the third, in the removal of the opaque cornea, and in substituting for it a pellucid cornea, transplanted from one of the lower animals.

Dr. Amonon, of Dresden, was led by considerations, to which we need not particularly allude, to propose the first operation in cases of staphyloma. By means of a hook, introduced into the eye through an opening made in a part of the cornea or sclerotic, at some distance from the most transparent part of the cornea, he proposed to separate more or less of the iris from the cornea, and thus enable the patient to distinguish the light more readily, if not to see. He tried this experiment in one case only, which proved unsuccessful, from chronic inflammation arising, and rendering the part more opaque than before. Mr. Nimmo mentions another case in which the operation has been tried, with indifferent success.

"To this limited experience, I am able to add but one case, which gives little encouragement to a repetition of such attempts. Archibald Gilchrist, nineteen years of age, was admitted a patient at the Eye-Infirmiry, on the 12th November, 1832. He stated that he had suffered from small-pox about seven years ago, since which period vision has been totally extinct, a perception of light and shade alone remaining. The right eye was found to be totally destroyed, while the cornea of the left was in a staphylomatous condition. The cornea was white and opaque over three-fourths of its surface, a small portion, towards the upper and nasal edge retaining a partial transparency, so that the iris was seen in contact with and apparently adhering to its posterior surface. This case was one which might have been pronounced decidedly hopeless, but